DIGESTIVE DISEASE SPECIALISTS, INC.

DDSI Use Only

Date rec'd:_____
Initial contact date: _____
Appt date/time: _____
PCP notified: □ Fax □ Email
Info mailed date: _____

Referral for Consultation or Procedure

Referral Status: □ **Routine**
□ **Urgent**

I am referring my patient to see:

Baptist Office
□ Neil Crittenden, M.D.
□ Matthew A. McBride, M.D.
□ David Neumann II, M.D.
□ Salman Nusrat, M.D.
□ Carl A. Raczkowski, M.D.
□ Kenneth A. Seres, M.D.
□ Zachary Smith, M.D.
□ David S. Stokesberry, M.D.
□ Verapan Vongthavaravat, M.D.
□ Sumit A. Walia, M.D.
□ Ashley Bouknight, APRN, FNP-C
□ Mikel Cross, APRN
□ Misty Dean, APRN-CNP
□ Scottie Smith, APRN

Phone: (405) 702-1300
Fax: (405) 702-1280

Edmond Office
□ Arifa Khan, M.D.
□ Pramoda Koduru, M.D.
□ Sikandar A. Mesiya, M.D.
□ Baolong Nguyen, M.D.

Phone (405) 471-6690
Fax (405) 604-3401

Midwest City Office
□ Arifa Khan, M.D.
□ Pramoda Koduru, M.D.
□ Sikandar A. Mesiya, M.D.
□ Baolong Nguyen, M.D.

Phone (405) 737-4464
Fax (405) 737-7674

South Office
□ Maria Chang, M.D.
□ Ross S. Keener, M.D.
□ Son Nguyen, M.D.
□ Syed Rizvi, M.D.
□ Trisha Taron, APRN, FNP-C

Phone: (405) 632-4000
Fax: (405) 632-4073
Fax: (405) 635-3702

Yukon Office
□ Neil Crittenden, M.D.
□ Salman Nusrat, M.D.
□ Carl A. Raczkowski, M.D.
□ Kenneth A. Seres, M.D.
□ Zachary Smith, M.D.
□ David S. Stokesberry, M.D.
□ Verapan Vongthavaravat, M.D.
□ Sumit A. Walia, M.D.
□ Misty Dean, APRN-CNP
□ Scottie Smith, APRN

Phone: (405) 717-5380
Fax: (405) 717-5386

OR □ **First Available Physician at** _____ **location**

Patient Name:_____ Pt DOB:_____

Best contact phone:_____ Insurance:_____

Reason for referral:_____ Referring Physician:_____

Diagnosis code(s):_____ Physician Contact Phone:_____

Services Requested:
□ Consult/Treat
□ EGD
□ Other_____
□ Screening colonoscopy *(no symptoms)*
□ Diagnostic colonoscopy *(signs/symptoms)*

□ **Please notify my office** when the patient's appt is scheduled or if the patient declined to schedule.

Please send the following information with this referral:
- Please enclose legible copies of last clinic note and any pertinent medical tests (if referring for consultation)
- Please attach legible copies (front **&** back) of insurance card(s) and patient demographic information.
- Please tell your patient they can expect a call to schedule their appointment within 5 working days of a completed referral.

Thank you for referring your patient to the physicians of Digestive Disease Specialists.